

but in whom intestinal perforation had occurred. Through an incision from the umbilicus to the symphysis the bowel opening was found and closed by turning in the whole area of the ulceration; another ulcer which threatened early perforation was also similarly turned in. The abdomen was thoroughly cleansed, and the wound closed and dressed. Six hours after the operation the patient sank into collapse and *death* supervened within an hour.

While these operations do not present a very encouraging outlook, they provide a precedent for an operation which must of necessity always be a forlorn hope. If successful results are to be obtained they will come from operations undertaken with the least possible delay after the accident. Three methods offer themselves (1) closing the perforation with Lembert's sutures, (2) resection of the diseased gut, (3) forming an artificial anus. A thorough examination of the bowels should be made to discover any other ulcer which is likely to perforate. —*Med. News*, Nov. 26 and Dec. 24, 1887.

JAMES E. PILCHER (U. S. Army).

EXTREMITIES.

I. A Case of Simultaneous Quadruple Amputation. By G. C. WALLACE, M. D. (Rock Rapids, Iowa.) A German boy, æt. 16, of robust constitution, was overcome by cold, suffering injuries which required the following operations fifteen days after the accident: (1) Both the right and (2) left arms were taken off half way between the elbow and wrist; (3) the right leg was amputated about three inches above the ankle joint; (4) a portion of the left foot was removed by an incision through the first row of tarsal bones, leaving three of them and cutting off the heel, leaving the os calcis exposed for over one inch; although gangrene of the soft parts had set in, the bone was healthy, and it was accordingly left in the expectation that the soft parts would again cover it, which ultimately occurred; (5) the point of the nose was excised. All the amputations were performed before any of the stumps were dressed or any vessels ligatured. The wounds were irrigated with a sublimate solution and dressed with an extemporized sublimate dressing. He was discharged 51 days later with all the

wounds entirely healed except one place about a half an inch in diameter.—*Med. and Surg. Reporter*, May 20, 1888.

JAMES E. PILCHER (U. S. Army).

II. Dislocation of the Head of the Fibula. By A. LEGGATT (London.) The patient whilst playing at football, slipped and fell with his left leg doubled up underneath him, so that as he described it, he, sat on his own foot. The pain was great, and at the time of the accident he felt something give way—the head of the fibula was found to be dislocated forwards, being plainly seen and felt beneath the skin—immediately behind and above the dislocated head of the fibula was a distinct hollow about one inch in diameter—the normal socket of the bone—the tendon of the biceps was very tense. The patient was removed to St. Thomas' Hospital with a view to the reduction of the bone under an anæsthetic. While the patient's boot was being taken off previously to the administration of ether he felt something give, and on examination the dislocated head was found less prominent. The reduction was effected by Mr. Battle, who in the early stage of the anæsthesia, held the leg semiflexed, having his right thumb on the front of the fibula below the head. While this was being done the patient kicked out, and thus brought the biceps into action, and the bone returned to its position with an audible snap. The leg was put up in plaster of Paris, which had to be removed in four days, to enable the patient to present himself for an examination; there was no effusion, and the appearance of the joint was quite normal—some remarks follow anent the rarity of the occurrence of the lesion.—*Lancet*, March 31, 1888.

H. JERCY DUNN (London.)

GENITO-URINARY ORGANS.

I. Stricture of the Rectum Following an Abscess of the Prostate. By DR. E. DESNOS. (Paris). The patient, a man, æt. 55, was admitted with an abscess in the perineum, to the left side, just behind the scrotum. After a free opening had been made, a probe was introduced and was found to go easily in a direction running along the left side of the median raphe. There was no burrowing towards